



## City of Chicago

### Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4200  
Fax 312-746-9405 · BACPPV@CITYOFCHICAGO.ORG · [WWW.CITYOFCHICAGO.ORG/BACP](http://WWW.CITYOFCHICAGO.ORG/BACP)

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### INSTRUCTIONS FOR TRANSFERRING 26% OR MORE OWNERSHIP INTEREST IN A PUBLIC PASSENGER VEHICLE LICENSE (version date: 5.6.2019)

#### PROCESS AND DESCRIPTION OF SELECTED ITEMS TO BE SUBMITTED WITH APPLICATION:

1. Application must be completed, signed and notarized. **Only licensed Illinois attorneys may draft legal documents. All buyers must be represented by an attorney. Your attorney will be our point of contact for this process and he or she must be present at the closing with you.** Do not use white out on the application. Do not attempt to re-type the forms, do not alter the wording of any department form. Below is an explanation of some of the required documentation and is not a complete list of required documents. For a more complete list, see the attached checklist titled "Required Submissions – Medallion Transfer". Review that document carefully to ensure that you have all of the required documents.
2. An Initial Inquiry Request Form must be submitted in order to start this process. Please email the completed form to Monique Davids at BACP via email at [Monique.Davids@cityofchicago.org](mailto:Monique.Davids@cityofchicago.org)
3. Affiliation requirements.
  - a. Affiliates must provide a fully executed contract and a permission letter from the affiliation.
  - b. New affiliates will be required to pay a \$25.00 affiliation fee at the time of the transfer closings.
4. For Independents (Non-Affiliated Licensees):
  - a. Independents must complete a color letter. Color combinations and logos must be submitted for prior approval.
  - b. Proof that the company is organized or qualified to do business under the laws of Illinois and that it has its principal place of business in Chicago.
  - c. Proof of a Chicago business address and proof of residency and domicile in the City of Chicago for applicants other than a corporation, LLC or partnership, such as a current residential lease and current utility bill.
5. You must bring the original vehicle title or bill of sale and a copy of the title to the transfer application review appointment at the Department of Business Affairs and Consumer protection (BACP). If the cab is a leased vehicle, a copy of the fully executed lease must be submitted with the application. The lease must be from the vehicle owner to the applicant. All leases must expire on Dec 31. A \$25 fee will be assessed at the closing for a change of vehicle.
6. A copy of the Vehicle History Report (example: Carfax or AutoCheck) for each vehicle regardless of model year.

7. Insurance certificate in the applicant's name and address. If the applicant is joining an affiliation, the insurance certificate should list the applicant's name and address of the affiliation or licensed, license manager. Minimum insurance requirements are listed in 9-112-330 of the Municipal Code of Chicago.
8. Taxicab Safety Feature Compliance form. To claim "exempt status" the applicant must not own or control more than one taxicab medallion license, and certify that only he, his spouse, or his children will operate the taxicab. The applicant and/or operator must have a current City of Chicago chauffeur license that is in good standing. Applicants claiming "exempt status" must also complete the Affidavit of Sole Owner/Operator for Workman's Compensation Insurance form, the Affidavit of Sole Owner form and the Medallion Management Information Form (Owner/Operator Packet).
9. A copy of the sales contract, showing the price of the sale of the company stock (if any) or taxicab medallion license. Contract should list the medallion price separate from the price of the car or any other asset being transferred. Do not submit the original contract with the application.
10. Corporate minutes or LLC operating agreement must reflect, with specificity, who holds the stock or ownership of the company and must list all officers, shareholders, directors, managers and members. Please review your minutes or operating agreement carefully prior to submission. Minutes and operating agreement must be signed and dated and should reflect the information on the application. Minutes should contain resignation letters from current officers, if applicable. Submit copies only.
11. A copy of the Power of Attorney and Declaration of Representation and a copy of the Bulk Sales Notification form stamped "RECEIVED," from the Department of Finance, Bulk Sales Unit should be attached to the original Liability Status Report. You must also submit a copy of the Department of Finance's audit. Liability Status Reports are only good for thirty days from the date stamped by the Department of Finance or the date of the ground tax payment, whichever is earlier. Only original Liability Status Reports will be accepted. All debts owed to the City, including debts not disclosed by the Department of Finance must be paid before closing.
12. Lien Clearance Forms from all creditors that have an open lien together with a signed payoff letter.
13. A copy of the Applicant's loan documents. Pro Forma loan documents or commitment letters with the loan total and loan rate are acceptable. However, all liens must be properly filed with the Department as required by the Rules and Regulations for Taxicab Medallion License Holders.
14. Photos of all applicants – Photos may be done at Ogden or applicant may submit two recent passport photos.
15. Any applicant for a taxicab medallion license must complete the fingerprinting process using one of our approved vendors. See insert for a list of approved vendors. This information is also available on BACP's Web site. If the applicant has not been fingerprinted within the last 12 months, they will need to be fingerprinted using this new process. When the applicant goes to one of these agencies, the applicant will receive a Transaction Control Number (TCN). You must submit the TCN number to Monique Davids at BACP via email at [Monique.Davids@cityofchicago.org](mailto:Monique.Davids@cityofchicago.org). This process must be followed. No application will be reviewed unless this new process has been followed.

**A non-refundable transfer fee shall be paid by the transferee to the City of Chicago at the scheduled medallion closing. The fee is \$2,500.00. See MCC 9-112 for exceptions.**

The buyer, the buyer's attorney and the seller must be represented at BACP's Public Vehicle Operations Division the medallion closing. If you wish to submit an application, please contact Monique Davids at [Monique.Davids@cityofchicago.org](mailto:Monique.Davids@cityofchicago.org) for additional instructions.

Medallion(s): \_\_\_\_\_

Company Name (Buyer): \_\_\_\_\_

Application #: \_\_\_\_\_

**REQUIRED SUBMISSIONS – MEDALLION TRANSFER**

_____ Transfer Application (Signed and notarized)	TRANSFER FEE: \$ _____
_____ Corporate Officers Form	COA fee: \$ _____
_____ Multiple Vehicle Sheet (If Applicable)	COE fee: \$ _____
_____ Coupon for outstanding fees, (If applicable-BACP Staff)	Renewal fees owed (cur.): \$ _____
_____ Original & Copy of Vehicle Title (w/lease agreement, if applicable)	Renewal fees owed (old): \$ _____
_____ Insurance (Originals only)	
_____ Vehicle History Report (Required for ALL submissions)	TOTAL: \$ _____
_____ Owner/Operator Packet (If Applicable)	
_____ Safety Device Form	IRIS #: _____
_____ Purchase and Sales Agreement <b>SALE PRICE \$</b> _____	
_____ Contract Date: _____	Check# _____
_____ Medallion Statement Disclosure Form (Signed by both parties)	Med & HC: _____
_____ Foreclosure Notice, Proof Of Service and Sale Documents (If Applicable)	
_____ BACP Lien Clearance form (w/ attached payoff letter if applicable)	Plates are: _____
_____ Decedent's Will, Certified Copy of Death Certificate, Certified Copy of	
_____ Letters of Office & Order of Heirship	
_____ Letters of Intent: Buyer and Seller (All Officers and Shareholders)	
_____ Attorney Certification	
_____ Name and Address of Attorney for Buyer & Seller	
_____ Plate Release Letter to Secretary of State (Do not date until transfer closing)	
_____ Affiliation Permission Letter & Affiliation Agreement, Applicants using addresses other than the affiliation's must provide proof of valid principal place of business address within City of Chicago.	
_____ Certificate of Good Standing from the Secretary of State or File Detail Report (Required for ALL submissions)	
_____ Articles of Incorporation and minutes, LLC Operating Agreement or equivalent, resignation letters (If applicable)	
_____ Loan Documents and Loan Broker Certification (If applicable) Rate: _____ Term: _____	
_____ Finance Dept. Liability Status Report dated w/i 30 days of submission, Bulk Sales Notification, Audit &/or Coupons	
_____ Financial Responsibility Affidavit (All Officers and Shareholders)	Expiration Date: _____
_____ Sale Price Affidavits – All Buyers & Sellers	
_____ Current Credit Report & Federal Tax Returns (All Officers)	
_____ Two (2) current passport-sized photographs & fingerprint card(s) (All Officers)	
_____ Fingerprint Check Clearance (All Officers)	
_____ Seller's medallion file (BACP Staff)	
_____ Number of medallions owned by buyer (BACP): _____	

**Comments:** \_\_\_\_\_

Seller's Name: \_\_\_\_\_  
Seller's Corp: \_\_\_\_\_  
Seller's Atty: \_\_\_\_\_  
Foreclosure? (Y or N): \_\_\_\_\_  
Seller's Iris No. \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Buyer's Atty: \_\_\_\_\_  
Other TX's Owned: \_\_\_\_\_  
Number of Wheelchair TX's Owned: \_\_\_\_\_  
Number of Hybrids Owned: \_\_\_\_\_  
Affiliation: \_\_\_\_\_

Seller's Name: \_\_\_\_\_  
Seller's Corp: \_\_\_\_\_  
Seller's Atty: \_\_\_\_\_  
Seller's Iris No. \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_

Seller's Name: \_\_\_\_\_  
Seller's Corp: \_\_\_\_\_  
Seller's Atty: \_\_\_\_\_  
Seller's Iris No. \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_

\_\_\_\_\_  
BACP STAFF MEMBER / DATE RECEIVED

\_\_\_\_\_  
SIGNATURE OF SUBMITTING PARTY / DATE SUBMITTED



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**INITIAL INQUIRY FORM – TAXI MEDALLION LICENSE TRANSFER**

REQUEST DATE: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

BUYER'S ATTORNEY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDALLION NUMBER(S): \_\_\_\_\_

PURCHASE PRICE: \$ \_\_\_\_\_ EACH

LICENSE BROKER FOR THIS SALE: \_\_\_\_\_

SELLER COMPANY NAME: \_\_\_\_\_

PRESIDENT NAME: \_\_\_\_\_ STOCK%: \_\_\_\_\_

VICE-PRESIDENT NAME: \_\_\_\_\_ STOCK%: \_\_\_\_\_

SECRETARY NAME: \_\_\_\_\_ STOCK%: \_\_\_\_\_

OTHER OFFICER/SHAREHOLDER: \_\_\_\_\_ STOCK%: \_\_\_\_\_

LIENHOLDER: \_\_\_\_\_

LIENHOLDER: \_\_\_\_\_

REASON FOR SELLING: \_\_\_\_\_

BUYER COMPANY NAME: \_\_\_\_\_

PRESIDENT/BUYER'S NAME: \_\_\_\_\_

ADDITIONAL OWNER/OFFICER/SHAREHOLDER: \_\_\_\_\_

NUMBER OF MEDALLION LICENSES CURRENTLY OWNED (OVER 25%): \_\_\_\_\_

NUMBER OF WHEELCHAIR ACCESSIBLE VEHICLES (CURRENTLY LICENSED): \_\_\_\_\_

IS THE VEHICLE ON THIS APPLICATION A WAV?: \_\_\_\_\_ (YES/NO), AFV?: \_\_\_\_\_ (YES/NO)

**APPLICATION FOR A PUBLIC PASSENGER  
VEHICLE LICENSE (CORPORATE)**

1. LICENSE NUMBER(s) \_\_\_\_\_
2. NAME OF APPLICANT: \_\_\_\_\_
3. STREET ADDRESS: \_\_\_\_\_
4. CITY/STATE/ZIP: \_\_\_\_\_
5. TELEPHONE NUMBER BUSINESS: \_\_\_\_\_  
HOME: (    ) \_\_\_\_\_  
CELLULAR: (    ) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
6. PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_  
\_\_\_\_\_
7. STATE OF INCORPORATION: \_\_\_\_\_ DATE OF INCORPORATION: \_\_\_\_\_
8. IS CORPORATION IN GOOD STANDING IN THE STATE OF ILLINOIS?: \_\_\_\_\_
9. REGISTERED AGENT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

**\* IF YOU ARE APPLYING FOR MORE THAN ONE VEHICLE LICENSE  
PLEASE ATTACH A MULTIPLE VEHICLE SHEET.**

10. MODEL YEAR OF VEHICLE: \_\_\_\_\_ MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_ LONG WHEEL BASE? (Y OR N) : \_\_\_\_\_  
BODY STYLE: \_\_\_\_\_ CURRENT MILEAGE: \_\_\_\_\_  
SEAT MATERIAL: \_\_\_\_\_ TITLE CLASS: \_\_\_\_\_  
VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_  
COLOR SCHEME: \_\_\_\_\_  
FUEL SOURCE: \_\_\_\_\_

License Number: \_\_\_\_\_

11. AFFILIATION (IF ANY:) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

12. METER INFORMATION A: TAXIMETER MANUFACTURER: \_\_\_\_\_  
12b. TAXIMETER SERIAL NUMBER: \_\_\_\_\_

13. VEHICLE SAFETY DEVICE: \_\_\_\_\_

14. INSURANCE COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

15. BROKER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

16. LICENSE MANAGER NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_ LICENSE# \_\_\_\_\_

17. LIEN ON THE LICENSE (YES/NO): \_\_\_\_\_ DATE OF LIEN: \_\_\_\_\_  
17a. LIEN HOLDER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AMOUNT OF LIEN: \_\_\_\_\_

18. HAS CORPORATION EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY  
LICENSE WHICH WAS SUSPENDED OR REVOKED?  
(Indicate Yes or No): \_\_\_\_\_

18a. IF YES, LIST THE LICENSE # and TYPE: \_\_\_\_\_  
AND DATE REVOKED OR SUSPENDED & CHARGE: \_\_\_\_\_

19. HAVE ANY OF THE OFFICERS, DIRECTORS OR SHAREHOLDERS OF THE  
CORPORATION EVER HAD ANY STATE OR CITY LICENSE SUSPENDED OR REVOKED?  
(Indicate Yes or No): \_\_\_\_\_

19a. IF YES, LIST THE LICENSE # and TYPE: \_\_\_\_\_  
AND DATE SUSPENDED OR REVOKED AND CHARGE: \_\_\_\_\_

20. TO YOUR KNOWLEDGE, HAVE ANY OFFICERS OF THE CORPORATION BEEN  
CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS?  
(Indicate Yes or No): \_\_\_\_\_

20a. IF YES, DEFENDANT'S NAME: \_\_\_\_\_  
TYPE OF OFFENSE: \_\_\_\_\_  
DATE OF CONVICTION: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

License Number: \_\_\_\_\_

21. PLEASE LIST ANY PENDING CRIMINAL CASES: \_\_\_\_\_  
DEFENDANT'S NAME: \_\_\_\_\_

TYPE OF OFFENSE: NEXT COURT DATE: \_\_\_\_\_

COURT WHERE PENDING: \_\_\_\_\_

22. LIST THE NAME, ADDRESS AND TWENTY FOUR (24) HOUR  
TELEPHONE NUMBER OF THE PERSON AUTHORIZED BY THE CORPORATION TO  
RECEIVE IN CASE OF EMERGENCY.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

24 HOUR TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

23. PLEASE LIST THE NAME, TITLE, ADDRESS, PHONE NUMBER, BIRTH DATE AND  
SOCIAL SECURITY NUMBER FOR ALL OFFICERS AND DIRECTORS.

Name	Title	Address	Phone No.	Date of Birth	Social Security No.
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24. PLEASE LIST THE NAME, TITLE, ADDRESS, PHONE NUMBER, SOCIAL SECURITY  
NUMBER FOR ALL SHAREHOLDERS AND THE AMOUNT OF STOCK OWNED OR  
CONTROLLED BY EACH SHAREHOLDER.

Name	Title	Address	Phone No.	Social Security No.	% of Stock Owned
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Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.

TITLE: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_, Notary Public

**1-21-010 False Statements.** Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly falsifies any statement of material fact made in connection with an application, report, affidavit, oath, or attestation, including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the city for a civil penalty of not less than \$500.00 and not more than \$1,000.00, plus up to three times the amount of damages which the city sustains because of the person's violation of this section. A person who violates this section shall also be liable for the city's litigation and collection costs and attorney's fees.

**1-21-020 Aiding and Abetting.** Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation.

**1-21-030 Enforcement.** In addition to any other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings.

Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_



CITY OF CHICAGO  
DEPARTMENT OF BUSINESS AFFAIRS AND  
CONSUMER PROTECTION  
PUBLIC VEHICLE OPERATIONS DIVISION  
2350 W. Ogden Avenue, 1<sup>st</sup> Floor  
Chicago, IL 60608  
Tel: 312-746-4300 Fax: 312-746-9405

Please Print All Information

## CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

COMPANY NAME: \_\_\_\_\_

LICENSE NUMBER(S): \_\_\_\_\_

Articles of Incorporation/Organization File#: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Title(s): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Stock/Ownership Percentage: \_\_\_\_\_ % Chauffeur License #: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Title(s): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Stock/Ownership Percentage: \_\_\_\_\_ % Chauffeur License #: \_\_\_\_\_

This form may be duplicated if additional space is required.

Revised 11.14.2016

**APPLICATION FOR A PUBLIC PASSENGER  
VEHICLE LICENSE (INDIVIDUAL TAXI)**

1. LICENSE NUMBER(s) \_\_\_\_\_

2. NAME OF APPLICANT: \_\_\_\_\_

3. HOME ADDRESS: \_\_\_\_\_

**CHICAGO, ILLINOIS** ZIP: \_\_\_\_\_

4. TELEPHONE NUMBER BUSINESS: \_\_\_\_\_

HOME: (    ) \_\_\_\_\_

CELLULAR: (    ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

5. PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

**IF YOU ARE APPLYING FOR MORE THAN ONE VEHICLE LICENSE  
DO NOT ANSWER QUESTIONS 6, 8 OR 9 - YOU MUST USE A MULTIPLE VEHICLE SHEET**

6. MODEL YEAR OF VEHICLE: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ LONG WHEEL BASE? (Y OR N) : \_\_\_\_\_

BODY STYLE: \_\_\_\_\_ CURRENT MILEAGE: \_\_\_\_\_

SEAT MATERIAL: \_\_\_\_\_ TITLE CLASS: \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

COLOR SCHEME: \_\_\_\_\_

FUEL SOURCE: \_\_\_\_\_ WHEELCHAIR ACCESSIBLE? (Y OR N): \_\_\_\_\_

7. AFFILIATION (IF ANY:) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

8. METER INFORMATION A: TAXIMETER MANUFACTURER: \_\_\_\_\_

8b. TAXIMETER SERIAL NUMBER: \_\_\_\_\_

9. VEHICLE SAFETY DEVICE: \_\_\_\_\_

10. INSURANCE COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

11. LICENSE BROKER'S NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

License Number: \_\_\_\_\_

12. LICENSE MANAGER NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ LICENSE# \_\_\_\_\_

13. PENDING LIEN ON THE LICENSE (Y/N): \_\_\_\_\_ DATE OF LIEN: \_\_\_\_\_

13a. LIEN HOLDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF LIEN: \_\_\_\_\_

14. HAVE YOU EVER HAD A STATE OR CITY LICENSE SUSPENDED OR REVOKED?

YES/NO: \_\_\_\_\_. IF YES, GIVE DATES OF THE SUSPENSION OR REVOCATION, CHARGE  
AND LICENSE TYPE: \_\_\_\_\_

15. HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS?

YES/NO: \_\_\_\_\_. IF YES, GIVE THE DATES AND THE CHARGE: \_\_\_\_\_

16. PLEASE LIST ANY PENDING CRIMINAL CASES AND THE CHARGE(S): \_\_\_\_\_

17. DO YOU HAVE OTHER PUBLIC VEHICLE LICENSES WITHIN THE CITY? YES/NO: \_\_\_\_\_.  
IF YES, LIST MEDALLION NUMBER(S): \_\_\_\_\_

18. ILLINOIS DRIVERS LICENSE NUMBER: \_\_\_\_\_

19. CHAUFFEUR LICENSE NUMBER: \_\_\_\_\_

20. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

21. DATE OF BIRTH: \_\_\_\_\_

**Under penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.**

TITLE: \_\_\_\_\_

\_\_\_\_\_, Notary Public

[illegible]

Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_

## MULTIPLE VEHICLE SHEET

COMPANY NAME: \_\_\_\_\_

TX# \_\_\_\_\_

MODEL YEAR OF VEHICLE: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ LONG WHEEL BASE? (Y OR N) : \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

BODY STYLE: \_\_\_\_\_ CURRENT MILEAGE: \_\_\_\_\_

SEAT MATERIAL: \_\_\_\_\_ TITLE CLASS: \_\_\_\_\_

COLOR SCHEME/AFFILIATION: \_\_\_\_\_

FUEL SOURCE: \_\_\_\_\_ SAFETY DEVICE: \_\_\_\_\_

WHEELCHAIR ACCESSIBLE (YES OR NO): \_\_\_\_\_ SEATING CAPACITY (EXCLUDING DRIVER): \_\_\_\_\_

TAXIMETER MANUFACTURER: \_\_\_\_\_

TAXIMETER SERIAL NUMBER: \_\_\_\_\_

TX# \_\_\_\_\_

MODEL YEAR OF VEHICLE: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ LONG WHEEL BASE? (Y OR N) : \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

BODY STYLE: \_\_\_\_\_ CURRENT MILEAGE: \_\_\_\_\_

SEAT MATERIAL: \_\_\_\_\_ TITLE CLASS: \_\_\_\_\_

COLOR SCHEME/AFFILIATION: \_\_\_\_\_

FUEL SOURCE: \_\_\_\_\_ SAFETY DEVICE: \_\_\_\_\_

WHEELCHAIR ACCESSIBLE (YES OR NO): \_\_\_\_\_ SEATING CAPACITY (EXCLUDING DRIVER): \_\_\_\_\_

TAXIMETER MANUFACTURER: \_\_\_\_\_

TAXIMETER SERIAL NUMBER: \_\_\_\_\_

TX# \_\_\_\_\_

MODEL YEAR OF VEHICLE: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ LONG WHEEL BASE? (Y OR N) : \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

BODY STYLE: \_\_\_\_\_ CURRENT MILEAGE: \_\_\_\_\_

SEAT MATERIAL: \_\_\_\_\_ TITLE CLASS: \_\_\_\_\_

COLOR SCHEME/AFFILIATION: \_\_\_\_\_

FUEL SOURCE: \_\_\_\_\_ SAFETY DEVICE: \_\_\_\_\_

WHEELCHAIR ACCESSIBLE (YES OR NO): \_\_\_\_\_ SEATING CAPACITY (EXCLUDING DRIVER): \_\_\_\_\_

TAXIMETER MANUFACTURER: \_\_\_\_\_

TAXIMETER SERIAL NUMBER: \_\_\_\_\_



## City of Chicago

### Business Affairs and Consumer Protection

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## TAXICAB SAFETY DEVICE FORM

Version Date: 11.13.2015

NAME OF OWNER/PRINCIPAL OFFICER: \_\_\_\_\_

NAME OF LICENSEE (COMPANY NAME): \_\_\_\_\_

IRIS ACCOUNT NUMBER: \_\_\_\_\_

MEDALLION NUMBER: \_\_\_\_\_

### ABOVE TAXICAB IS EQUIPPED WITH THE FOLLOWING SAFETY EQUIPMENT Check all that apply

\_\_\_\_\_ Safety shield device capable of completely separating driver's seat from passenger compartment.

\_\_\_\_\_ Security camera. Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial/ESN #: \_\_\_\_\_ Check One: Front-Facing\* ☐ / Rear Facing ☐ / Both ☐  
\* Requires additional approved safety device.

\_\_\_\_\_ Other safety system. (Pre-Approval by Commissioner is required.) List: \_\_\_\_\_

\_\_\_\_\_ Approval Date: \_\_\_\_\_

\_\_\_\_\_ No safety system needed. The undersigned, as a licensee, certifies that he/she does not own or control more than one taxicab license, and that no person other than the licensee, the licensee's spouse or natural or legally adopted children of the licensee will operate the taxicab throughout the entire licensing period.\*\* (See statement below.)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Check one: \_\_\_\_\_ Owner \_\_\_\_\_ Officer \_\_\_\_\_ License Manager

Print Name: \_\_\_\_\_ Company: \_\_\_\_\_  
*BACP Licensed Management Company*

Chauffeur License Number: \_\_\_\_\_

\*\*I understand that if my chauffeur license or the chauffeur license of my registered, authorized, driver is suspended, revoked, surrendered or otherwise invalid, I must cease operating this license and immediately surrender the hard card and medallion to BACP until I have registered with BACP an approved safety device and workers compensation insurance and comply with all other requirements. \_\_\_\_\_ (Please Initial)

\*\*\*\*\* BACP USE ONLY \*\*\*\*\*

CONFIRMED STATUS OF CHAUFFEUR LICENSE - BACP STAFF INITIALS: \_\_\_\_\_



**City of Chicago**

**Business Affairs and Consumer Protection**

Public Vehicle Operations Division • 2350 W. Ogden, First Floor • Chicago, IL 60608  
312-746-4200 • BACPPV@CITYOFCHICAGO.ORG • WWW.CITYOFCHICAGO.ORG/BACP

**AFFIDAVIT OF SOLE OWNER/OPERATOR  
FOR WORKMEN'S COMPENSATION INSURANCE** Version Date: 11/9/2015

I, \_\_\_\_\_, OWNER OF TAXICAB MEDALLION LICENSE NUMBER \_\_\_\_\_  
TX CERTIFY THAT I AM SOLE OWNER OR SOLE SHAREHOLDER OF THIS LICENSE. I  
FURTHER CERTIFY THAT NO ONE WILL DRIVE THE VEHICLE ASSIGNED TO THIS MEDALLION  
LICENSE EXCEPT FOR MYSELF AS THE SOLE OWNER AND OPERATOR. I UNDERSTAND THAT IF  
ANYONE ELSE DRIVES MY VEHICLE FOR HIRE, THE MEDALLION LICENSE WILL BE  
IMMEDIATELY SUSPENDED AND THEN SUBJECT TO REVOCATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Licensee/Company Name

\_\_\_\_\_  
Chauffeur License

\_\_\_\_\_  
Date

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\*\*\*\*\* BACP USE ONLY \*\*\*\*\*

CONFIRMED STATUS OF CHAUFFEUR LICENSE - BACP STAFF INITIALS: \_\_\_\_\_





## City of Chicago

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#### AFFIDAVIT OF SOLE OWNER Version Date: 11.09.2015

I, \_\_\_\_\_, CS# \_\_\_\_\_ affirm that I am the sole owner or shareholder of taxicab medallion license # \_\_\_\_\_ TX, and I affirm on oath that I own no other taxicab medallion licenses and that either I and/or the following people, who are either my spouse or my children, are the sole drivers of this taxicab vehicle:

NAME	RELATIONSHIP	CS#
1. _____	_____	_____
2. _____	_____	_____

I understand that any misstatement or misrepresentation made on this affidavit may result in the revocation of this medallion license and any other City of Chicago license in which I hold an interest.

I understand that if my chauffeur license or the chauffeur license of my authorized driver listed above is denied, suspended, revoked, surrendered or otherwise invalid, I must cease operating this license and immediately surrender the hard card and medallion to BACP until I have registered an approved safety device, workers compensation insurance and have complied with all other requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Licensee/Company Name

\_\_\_\_\_  
Date

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\*\*\*\*\* BACP USE ONLY \*\*\*\*\*

CONFIRMED STATUS OF CHAUFFEUR LICENSE(S) - BACP STAFF INITIALS: \_\_\_\_\_



## City of Chicago

### Business Affairs and Consumer Protection

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## MEDALLION MANAGEMENT INFORMATION FORM

MEDALLION LICENSE HOLDER / COMPANY NAME:

\_\_\_\_\_

INDIVIDUAL OWNER/PRESIDENT'S NAME:

\_\_\_\_\_

IRIS ACCOUNT NUMBER: \_\_\_\_\_

MEDALLION NUMBER(S): \_\_\_\_\_

Please check all applicable line numbers and complete requested information below. If you are an Owner/Operator that also uses a management company, complete sections 1 and 3.

### THE ABOVE LISTED TAXICAB(S) ARE MANAGED AS FOLLOWS:

1. \_\_\_\_\_ I affirm that I am an Owner/Operator: I only own the **ONE** taxicab medallion license listed above AND I, or, my spouse or child are the only licensed public chauffeurs that drive this taxicab. List any authorized drivers on a separate form.  
NOTE: As an Owner/Operator, you must complete the following forms: (1) an Affidavit of Sole Owner; (2) an Affidavit of Sole Owner/Operator for Workmen's Compensation Insurance; and (3) a Taxicab Safety Feature Compliance Form.
2. \_\_\_\_\_ I affirm that I am an Owner/Manager: I do lease out my taxicab(s).
3. \_\_\_\_\_ I affirm that I use the following Medallion License Management Company:

NOTE: IF YOU ARE ADDING THE ABOVE LICENSED, LICENSE MANAGEMENT COMPANY FOR THE FIRST TIME, YOU MUST SUBMIT A COPY OF THE SIGNED CONTRACT FOR MANAGEMENT SERVICES.

**Under penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago, I certify that the above statements are true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



**City of Chicago**  
**Department of Business Affairs and Consumer Protection**

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

**MEDALLION SETTLEMENT STATEMENT DISCLOSURE FORM**

The following information must be filled out by the buyer and seller of the public passenger vehicle license. Please complete all information and sign it. All information must be printed except for your signature. **DO NOT SIGN THIS FORM IN BLANK. ALL SPACES MUST BE COMPLETED.**

LICENSE #(s): \_\_\_\_\_

BUYER	ITEMIZED LIST OF PAYMENTS	PAID TO
Contract sale price		
Loan fee		
Earnest Money Deposit		
Loan Amount		
Broker's Loan Fee		
Transfer Fee		
Document Preparation		
Additional Funds to Close		
Agent Processing Fee		
Finance Charge/APR		
<b>Total Closing Costs</b>		

Seller		
Contract Sale Price		
Loan Payoff(s)		
Earnest Money Deposit		
Ground Tax Escrow		
Brokerage Fee		
Transfer Fee		
<b>Total Received</b>		

**Proposed Loan Distribution**

Sales Proceeds to Seller: \_\_\_\_\_ \$ \_\_\_\_\_

Origination Fee to: \_\_\_\_\_ \$ \_\_\_\_\_

Brokerage Fee/Finder's Fee to: \_\_\_\_\_ \$ \_\_\_\_\_

(Loan payoff): \_\_\_\_\_ \$ \_\_\_\_\_

(Transfer fee to City of Chicago): \_\_\_\_\_ \$ \_\_\_\_\_

(Monthly interest/payments to Association and/or Broker): \$ \_\_\_\_\_

MEDALLION NUMBER(S): \_\_\_\_\_TX

**BUYER VERIFICATION**

I, \_\_\_\_\_, buyer, being first duly sworn depose and state that I have read and understood the foregoing "Medallion Settlement Statement Disclosure Form", know the contents thereof and that the same are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Buyer Signature (individual) or President of Corporation

\_\_\_\_\_  
Print Name

Subscribed and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**SELLER VERIFICATION**

I, \_\_\_\_\_, seller, being first duly sworn depose and state that I have read and understood the foregoing "Medallion Settlement Statement Disclosure Form", know the contents thereof and that the same are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Seller Signature (individual) or President of Corporation

\_\_\_\_\_  
Print Name

Subscribed and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE OF CREDITOR'S REQUEST  
TO TRANSFER PUBLIC PASSENGER VEHICLE LICENSE  
UPON FORECLOSURE**

**DATE:** \_\_\_\_\_

**TO:** *Via Regular and Certified Mail*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Via Regular and Certified Mail*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Via Regular and Certified Mail*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* IMPORTANT INFORMATION \*\***

This notice contains important information about your taxicab medallion license. The creditor who has a lien on your taxicab medallion license(s) claims that you have defaulted on your contract. The creditor is asking the City to transfer your license(s) to a purchaser at a sale conducted by the creditor. The City will transfer the license unless you stop the transfer by filling out and mailing the attached Affidavit of Defense form to the creditor and to the Department of Business Affairs and Consumer Protection.

### The License

The Taxi Medallion License(s) hereinafter ("License") \_\_\_\_\_ TX(s) are presently registered with the City of Chicago, Department of Business Affairs and Consumer Protection, in your name or the name of a company owned by you. The license is subject to a lien in favor of the following creditor:

\_\_\_\_\_. The license was sold at foreclosure sale by the creditor on or about \_\_\_\_\_ 20\_\_\_\_\_.  
List Date List Year  
to the following person or company: \_\_\_\_\_  
for \$ \_\_\_\_\_, plus applicable transfer taxes and fees.

### The Creditor's Request

The Creditor says that you have not paid money which you owe to the Creditor or that you are otherwise in default of your credit agreement. The Creditor has therefore sold your license because of your failure to pay or because of this default. The Creditor intends to ask the Department of Business Affairs and Consumer Protection to transfer the license to the person or company named above.

**THE ONLY WAY YOU MAY STOP THIS TRANSFER IS BY SENDING THE  
ATTACHED AFFIDAVIT OF DEFENSE TO THE CREDITOR  
AND THE COMMISSIONER OF BUSINESS AFFAIRS AND CONSUMER PROTECTION.**

### How to Find Out if You Have a Defense

You may assert any defense you have to 1) the amount claimed or owed on your credit agreement; 2) the foreclosure itself; or 3) the Creditor's right to foreclosure. You may also make any other defense to the Creditor's claim that is allowed by law. If you believe you may have a defense or if you do not know whether you have a defense to the Creditor's claim, it is suggested that you seek legal advice. Legal advice may be obtained from a referral by the Chicago Bar Association (312) 554-2001, The Legal Assistance Foundation of Chicago (312) 341-1070, and Legal Aid Clinics operated by local law schools including the Mandel Legal Aid Clinic of the University of Chicago (773) 702-9611, and the Northwestern University Legal Assistance Clinic (312) 503-8576.

### The Affidavit of Defense

#### **1. What It Is**

The Affidavit of Defense is a form that tells the Creditor and the Department of Business Affairs and Consumer Protection that you believe you have a defense to the transfer of your medallion license. Sending an Affidavit of Defense does not mean that your license will be returned to you. If you file an affidavit of defense, the license will not be transferred unless the creditor obtains a court order.

**IF YOU DO NOT SEND AN AFFIDAVIT OF DEFENSE WITHIN THE TIME PRESCRIBED, YOU  
MAY BE CONSIDERED TO HAVE AGREED TO THE TRANSFER OF THE LICENSE.**

**2. What To Do**

An Affidavit of Defense form is enclosed. If you want to tell the Creditor and the Department of Business Affairs and Consumer Protection that you believe you have a defense, you must complete this form. Then you must sign the form and have your signature notarized by a notary public. Remember, the Affidavit of Defense must be received by the Creditor or the Department of Business Affairs and Consumer Protection within **fifteen (15) days** from the date which this notice was mailed to you via certified mail.

**3. Who To Send It To**

After you have completed the Affidavit of Defense form and had your signature notarized, you must send the completed Affidavit of Defense form by certified mail to the Creditor and to the Department of Business Affairs and Consumer Protection. The Creditor's address is listed above. The address of the Department of Business Affairs and Consumer Protection is:

Department of Business Affairs and Consumer Protection  
Public Vehicle Operations Division  
2350 W. Ogden Avenue, 1st floor  
Chicago, Illinois 60608  
Attention: Monique Davids

You should save your certified mail receipts so you can show that you sent your Affidavit of Defense to the Creditor and to the Department of Business Affairs and Consumer Protection.

**4. When To Send It**

Do not wait to send the Affidavit of Defense form to the Creditor and the Department of Business Affairs and Consumer Protection. **THE AFFIDAVIT OF DEFENSE MUST BE RECEIVED BY THE CREDITOR AND THE DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION WITHIN FIFTEEN (15) DAYS FROM THE DATE WHICH THIS NOTICE WAS MAILED TO YOU VIA CERTIFIED MAIL.** If the Creditor or the Department of Business Affairs and Consumer Protection receives your Affidavit of Defense more than fifteen (15) days from the date upon which this Notice was mailed to you via certified mail, the license may be transferred.

I/We \_\_\_\_\_ hereby affirm that this Notice of Creditor's Request to  
Creditor/Authorized Agent Name

Transfer Public Passenger Vehicle License upon foreclosure was mailed to the above listed debtor/licensee

\_\_\_\_\_, by certified mail, return receipt requested  
List Debtor/Licensee Name

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**A COPY OF THE RETURN RECEIPT MUST ACCOMPANY THE NOTICE OF  
CREDITOR'S REQUEST TO TRANSFER THE PUBLIC PASSENGER VEHICLE  
LICENSE WHEN IT IS SUBMITTED TO THE DEPARTMENT OF BUSINESS AFFAIRS AND  
CONSUMER PROTECTION AT THE TIME OF APPLICATION.**

**IF THE NOTICE IS NOT ACCEPTED, YOU MUST FILE A COPY OF THE RETURNED  
ENVELOPE AS PROOF OF SERVICE ALONG WITH THE AFFIDAVIT OF TRANSFER UPON  
DEFAULT FORM WITH THE DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER  
PROTECTION AT THE TIME OF APPLICATION.**

Respectfully submitted,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Law Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address

Subscribed and Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



## AFFIDAVIT OF DEFENSE TO CREDITOR

To City: City of Chicago – Public Vehicle Operations Division  
Department of Business Affairs and Consumer Protection  
2350 W. Ogden Avenue, 1st Floor  
Chicago, IL 60608  
Attention: Monique Davids

To Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

RE: PUBLIC PASSENGER LICENSE NUMBER(s) \_\_\_\_\_ TX

I, \_\_\_\_\_, hereby swear that I own Taxicab Medallion License  
Debtor/Licensee Name

Number(s) \_\_\_\_\_ TX either individually or through a company

that I own and I have a defense to the foreclosure of these licenses. I understand that this license(s) was sold

at a foreclosure sale on or about \_\_\_\_\_ and that sale is contingent upon approval  
List Date of Foreclosure Sale

by the Department of Business Affairs and Consumer Protection.

My defense to this foreclosure is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Medallion License/Title \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



**City of Chicago**

**Department of Business Affairs and Consumer Protection**

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300  
312-746-4200 #BACPPV@CITYOFCHICAGO.ORG#WWW.CITYOFCHICAGO.ORG/BACP

**AFFIDAVIT OF TRANSFER ON DEFAULT**

PUBLIC PASSENGER VEHICLE LICENSE NUMBER(S): \_\_\_\_\_

NAME OF DEBTOR/LICENSEE: \_\_\_\_\_

NAME OF CREDITOR: \_\_\_\_\_

DATE OF FORECLOSURE SALE: \_\_\_\_\_

PURCHASER AT FORECLOSURE SALE: \_\_\_\_\_

I, the undersigned, having first been duly sworn, do hereby state that I am a duly authorized officer or representative of the creditor listed above and that said creditor has foreclosed on the above mentioned public passenger vehicle license, by reason of default in the conditions of the attached copy of the loan agreement between the creditor and debtor listed above. I further state that the Commissioner of Business Affairs and Consumer Protection and the debtor/licensee were notified of the creditor's intent to foreclose at least twenty-one (21) days prior to the foreclosure date, in a manner consistent with Section XIII of the Rules and Regulations for Taxicab Medallion License Holders.

I further certify that on the date listed above the purchaser listed above purchased the license at a foreclosure sale, and that application for the transfer is based on said foreclosure sale.

I further certify that a copy of the Notice of Creditors Request to Transfer License upon Foreclosure was sent to the debtor at his last known address by certified mail return receipt requested and that the notice was either received by the debtor at least twenty-one (21) days prior to this affidavit (copy of postal service return receipt attached) or the notice was returned stamped by the United States Postal Service as "undeliverable" (post-marked, unopened envelope with notices attached). Said notice informed the debtor of his right to file an Affidavit of Defense with the creditor and the Department of Business Affairs and Consumer Protection and as of today's date, creditor has not received an Affidavit of Defense from debtor.

Further the affiant sayeth not.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Name and Title of Affiant

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, Notary Public



## City of Chicago

### Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

#### LIEN CLEARANCE PURSUANT TO TRANSFER OF LICENSE

The undersigned, representative of \_\_\_\_\_, (hereinafter "secured party") which has a registered security interest in City of Chicago Taxicab Medallion License Number(s): \_\_\_\_\_ TX(S), is aware that there is an application pending for transfer of said license(s) from \_\_\_\_\_ to \_\_\_\_\_.

Accordingly, as holder of the secured interest, we are notifying the City of Chicago's Department of Business Affairs and Consumer Protection (BACP) that the secured interest has been: (mark all applicable sections).

- \_\_\_\_\_ The lien has been terminated because the amount owed the secured party has been paid in full.
- \_\_\_\_\_ The lien has been terminated and the amount owed has been paid in full. The prospective purchaser has applied for financing with us and a new security interest will be filed upon closing of the new loan.
- \_\_\_\_\_ The prospective purchaser has assumed responsibility for the loan and the security interest should remain registered on the medallion license. A copy of the UCC filing(s) will be forwarded to BACP in accordance with the Rules and Regulations for Public Passenger Vehicles.
- \_\_\_\_\_ The debt/lien has not been paid. However, upon approval of this transfer application and receipt of the funds due to the secured party pursuant to the attached payoff letter, the secured party will file the appropriate documents to release its security interest.
- \_\_\_\_\_ The debt/lien has not been paid and will not be paid in full after the transfer of the license. However, the secured party has taken other measures to secure the debt and will forward copies of any associated UCC filing(s) to BACP in accordance with the Rules and Regulations for Public Passenger Vehicles.
- \_\_\_\_\_ There is no lien for this medallion license on record with our office.
- \_\_\_\_\_ We are canceling foreclosure proceedings against the seller/debtor and have no objection to the transfer of this medallion to the above listed purchaser.
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Lender: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**City of Chicago**  
**Department of Business Affairs and Consumer Protection**  
Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

**LETTER OF INTENT - BUYER**

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I AM BUYING MEDALLION # \_\_\_\_\_

FOR THE PURCHASE PRICE OF: \$ \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

LIST POSITION IN COMPANY: \_\_\_\_\_



## City of Chicago

Department of Business Affairs and Consumer Protection  
Public Vehicle Operations Division • 2350 W. Ogden • Chicago, IL 60608 • 312-746-4300

### LETTER OF INTENT - SELLER

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I AM SELLING MEDALLION # \_\_\_\_\_

FOR THE SELLING PRICE OF: \$ \_\_\_\_\_

I UNDERSTAND THAT I WILL NOT GET PAID UNTIL: (List Date Or Event):

\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

LIST POSITION IN COMPANY: \_\_\_\_\_

### ATTORNEY CERTIFICATION

I, \_\_\_\_\_, a licensed Illinois attorney, representing the  
(Print Name)

Buyer of taxicab medallion number(s) \_\_\_\_\_, state that I have read the foregoing Application for Transfer or Change of Officers and reviewed all of the documents attached thereto, including but not limited to the loan documents, medallion settlement statement disclosure form, the sales contract, and all corporate documents, and hereby certify that all of the documents are complete and accurate, and that the documents and my client are in compliance with all federal and state laws, and City of Chicago Rules and Regulations as well as all statutory requirements.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Attorney Registration Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



CHICAGO DEPARTMENT OF FINANCE  
TAX DIVISION  
BULK SALES UNIT  
DEPAUL CENTER, SUITE 300  
333 S. STATE ST., CHICAGO, ILLINOIS 60604-3977  
TELEPHONE (312) 747-4747

## BULK SALES NOTIFICATION

Date of Notice: \_\_\_\_\_ Date of Intended Sale: \_\_\_\_\_

### I. Identify the Business being sold:

Business Name: \_\_\_\_\_ D/B/A: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Federal ID # (FEIN): \_\_\_\_\_ IL IBT #: \_\_\_\_\_  
City IRIS # / City Account #: \_\_\_\_\_  
Business Structure (e.g., sole proprietor, partnership, corporation): \_\_\_\_\_  
Business Activity: \_\_\_\_\_  
Number of Years at Site: \_\_\_\_\_ Last Date of Operation (if Applicable): \_\_\_\_\_  
Taxes Currently Registered For (attach a schedule, if necessary): \_\_\_\_\_  
Tax Code: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Tax Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

### II. Identify the Property being sold:

Description of Property Being Sold (attach a schedule, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Property Index Number (PIN) for Real Estate Being Sold (if real estate is part of Business with City license): \_\_\_\_\_  
Medallion Number(s) (if applicable): \_\_\_\_\_

### III. Sales Price (attach copy of agreement):

Purchase Price: \$ \_\_\_\_\_  
Price attributed to Real Estate (if real estate part of Business with City license): \$ \_\_\_\_\_  
Amount Escrowed for City of Chicago taxes, interest, penalties, nontax debts and other debts owed by the seller/transferor to the City of Chicago: \$ \_\_\_\_\_

**IV. Transferor/Seller Information:**

Business Name: \_\_\_\_\_ D/B/A: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Federal ID # (FEIN/SSN): \_\_\_\_\_ IL IBT #: \_\_\_\_\_  
City IRIS # / City Account #: \_\_\_\_\_  
Business Structure (e.g., sole proprietor, partnership, corporation): \_\_\_\_\_  
Business Activity: \_\_\_\_\_  
Driver's License # (if sole proprietor): \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Attorney's Signature: \_\_\_\_\_

**V. Transferee/Buyer Information:**

Business Name: \_\_\_\_\_ D/B/A: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Federal ID # (FEIN/SSN): \_\_\_\_\_ IL IBT #: \_\_\_\_\_  
City IRIS # / City Account #: \_\_\_\_\_  
Business Structure (e.g., sole proprietor, partnership, corporation): \_\_\_\_\_  
Business Activity: \_\_\_\_\_  
Driver's License # (if sole proprietor): \_\_\_\_\_  
Taxes Currently Registered For (attach a schedule, if necessary):  
Tax Code: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Tax Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Attorney's Signature: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Filer

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Person Representing Filer

**Note: The Illinois Department of Revenue may also require the filing of a Bulk Sales Notice. Call (312) 814-3063 or Fax (312) 793-3841.**

**For Office Use Only:**

Date Received: \_\_\_\_\_ 45 Days Allowance: YES \_\_\_\_\_ NO \_\_\_\_\_





City of Chicago  
Department of Finance

Power of Attorney and  
Declaration of Representative

**PART I. - Power of Attorney**

Taxpayer(s) name, identifying number, and address including ZIP code (Please type or print)

hereby appoints {name(s), address(es), including ZIP code(s), and telephone number(s) of individual(s)}\*

as attorney(s)-in-fact to represent the taxpayer(s) before any office of the Chicago Department of Finance for the following tax matter(s). Specify the type(s) of tax and year(s) or period(s).

Type of Tax	Year(s) or Period(s)

The attorney(s)-in-fact (or either of them) are authorized, subject to revocation, to receive confidential information and to perform any and all acts that the principal(s) can perform with respect to the above specified tax matters (excluding the power to receive refund checks, and the power to sign the return, unless specifically granted below).

Send copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above tax matters to:

- 1 | the appointee first named above, or  
2 | (names of not more than two of the above named appointees).....

Initial here → .....if you are granting the power to receive, but not to endorse or cash, refund checks for the above tax matters to:

- 3 | the appointee first named above, or  
4 | (name of one of the above designated appointees).....

This power of attorney revokes all earlier powers of attorney and tax information authorizations on file with the Department of Finance for the same tax matters and years or periods covered by this power of attorney, except for the following:

(Specify to whom granted, date, and address including ZIP code, or refer to attached copies of earlier powers and authorizations.)

Signature of or for taxpayers(s)

(If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.)

..... (Signature) ..... (Title, if applicable) ..... (Date)  
(Also type or print your name below if signing for a taxpayer who is not an individual.)

..... (Signature) ..... (Title, if applicable) ..... (Date)

\*You must authorize an organization, firm, or partnership to receive confidential information, but your representative must be an individual who must complete part II

**The person(s) signing as or for the taxpayer(s): (Check and complete one.)**  
☐ Is/are known to and signed in the presence of two disinterested witnesses whose signatures appear here:

(Date)

(Date)

**NOTARIAL SEAL**

(Date)

(Date)

(If required by State Law)

I declare that I am not currently under suspension or disbarment from practice before any court or tribunal and that I am one of the following:

- 1 a member in good standing of the bar of the highest court of the jurisdiction indicated below;**  
**2 a bona fide officer of the taxpayer organization;**  
**3 a full-time employee of the taxpayer;**  
**4 a member of the taxpayer's immediate family (spouse, parent, child, brother, or sister);**  
**5 Director's special authorization**  
**6 Certified Public Accountants.**

and that I am authorized to represent the taxpayer identified in Part I for the tax matters there specified.

[illegible]

## AFFIDAVIT OF FINANCIAL RESPONSIBILITY

CAB COMPANY NAME \_\_\_\_\_

I, \_\_\_\_\_, applicant for public passenger vehicle license number(s) \_\_\_\_\_ TX, being duly sworn on oath, depose and state as follows:

1. I certify that I have the financial ability to render lawful, safe, suitable and comfortable service;
2. I certify that I have the financial ability to replace the vehicle(s) attached to the public passenger vehicle license(s) as required by ordinance;
3. I certify that I have the financial ability to renew the public passenger vehicle license(s) as required by ordinance;
4. I certify that I have the financial ability to maintain insurance for the payment of personal injury, death and property damage claims as required by ordinance;
5. I certify that I have the financial ability to pay all judgments and awards which may be rendered for any cause arising out of the operation of a public passenger vehicle as required by ordinance;
6. I certify that I have submitted true and correct copies of my \_\_\_\_\_ federal and state income tax returns;  
(year)
7. I certify that I have submitted true and correct copies of the loan commitment letter(s) issued by the financial institution which holds a security interest in the above-mentioned public passenger vehicle license(s);
8. I understand that any misstatements or misrepresentations on this affidavit may result in the denial and/or revocation of any public passenger vehicle license(s) held or otherwise controlled by affiant.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, Notary Public



